## Case 17-11029-mdc Doc 32 Filed 09/28/17 Entered 09/28/17 14:06:10 Desc Main Document Page 1 of 2

							•					
	in this information to											
De	btor 1	Tonneh Tok	pan			_						
	btor 2 buse, if filing)											
Un	ited States Bankrup	tcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANI	A	_						
Case number (If known) 17-11029							Chec	k if this is:				
				-			■ A	n amende	ed filing			
L										g postpetition ollowing date:		
0	fficial Form	<u> 1061</u>					M	IM / DD/ Y	YYY			
S	chedule I: `	Your Inc	ome								12/1	
spo atta	use. If you are sep ch a separate shee	arated and you	are married and not filing wing spouse is not filing wing wing the top of any additions.	th you, do not inclu	ude infor	mati	on about	your spo	ouse. If mo	ore space is	needed,	
1.	Fill in your emploinformation.	oyment		Debtor 1				Debtor 2	or non-fi	ling spouse		
	If you have more		Empleyment status	■ Employed				☐ Employed				
	attach a separate information about employers.		Employment status	☐ Not employed				☐ Not employed				
	. ,		Occupation	Self Employed	elf Employed							
	Include part-time, self-employed wo		Employer's name	Liberian Shipping Co								
	Occupation may in or homemaker, if											
			How long employed the	here? 20 yea	rs			_				
Pa	ft 2: Give Det	tails About Mor	nthly Income									
	imate monthly incouse unless you are s		ate you file this form. If	you have nothing to	report for	any	line, write	\$0 in the	space. Inc	clude your no	n-filing	
	ou or your non-filing e space, attach a se		ore than one employer, co	ombine the information	on for all e	empl	oyers for	that perso	on on the lir	nes below. If	you need	
							For Deb	otor 1		otor 2 or ng spouse		
2.	List monthly gross wages, salary, and commissions (be deductions). If not paid monthly, calculate what the monthly				2.	\$		0.00	\$	N/A		
3.	Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$	N/A		
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$		0.00	\$	N/A		

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Debt	or 1	Tonneh Tokpah	_	С	ase number (if kn	own)	17-1	1029		
					For Debtor 1		For	Debtor	2 or	
					I OI DEBIOI I			-filing s		
	Сор	y line 4 here	4.	-	\$ 0	.00	\$	<b>J</b> -	N/A	-
	•	*			-		_			=
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	. :	\$ 0	.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.			.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.			.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.			.00	\$_		N/A	_
	5e.	Insurance	5e.			.00	\$_		N/A	-
	5f. 5g.	Domestic support obligations Union dues	5f.		•	.00	\$_ \$		N/A N/A	-
	5y. 5h.	Other deductions. Specify:	5g. 5h.		. — — — — — — — — — — — — — — — — — — —	.00	: —		N/A	_
•			_		·		· -			-
6. -		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.			.00	\$_		N/A	-
7.	Caid	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	;	\$0	.00	\$		N/A	-
8.		all other income regularly received:								
	8a.	Net income from rental property and from operating a business, profession, or farm								
		Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total	•				•			
	٥Ŀ	monthly net income.	8a.		\$ <u>950</u>		\$_		N/A	
	8b. 8c.	Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent	8b.		\$0	.00	\$		N/A	-
	oc.	regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce								
		settlement, and property settlement.	8c.			.00	\$		N/A	_
	8d.	Unemployment compensation	8d.			.00	\$_ \$		N/A	-
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e.		\$0	.00	Φ_		N/A	-
	OI.	Include cash assistance and the value (if known) of any non-cash assistance	)							
		that you receive, such as food stamps (benefits under the Supplemental								
		Nutrition Assistance Program) or housing subsidies.	8f.		\$ 0	00	¢		NI/A	
	8g.	Specify: Pension or retirement income	8g.		·	.00	\$ \$		N/A N/A	_
	8h.	Other monthly income. Specify: Uber income	8h.		\$ 2,500		, ,		N/A	-
		Obol modilio		_	2,000					-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,450	.00	\$		N/A	<b>A</b>
			_	<u> </u>		ᆜ				Ι
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	3,450.00	+ \$		N/A	= \$	3,450.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			- , - · · ·					.,
11	Stat	e all other regular contributions to the expenses that you list in Schedule				•			· ·	•
	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and									
	other friends or relatives.									
	Spe	not include any amounts already included in lines 2-10 or amounts that are not cify:	avalla	bie	to pay expense	es iist	ea in S	scneaule 11.		0.00
	Оро								Ψ	0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly						ncome.			
	Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and I applies					Data	ı, if it	12.	æ	3,450.00
	аррі	les						12.	•	0,400.00
									Combi	
13	י מם	you expect an increase or decrease within the year after you file this form	?						montni	y income
١٥.	No.									
		Yes. Explain: Additional \$400 month rental income within 2 mo	onths	3						